Modification of Conditions

Modification of Conditions - After final action has been taken by the County on a project, an applicant may request that conditions be deleted or revised. Requests for modifications are heard by the original decision maker. This process does not apply to Development Plans or Conditional Use Permits (see those application forms).

THIS PACKAGE CONTAINS

✓ SUBMITTAL REQUIREMENTS
✓ APPLICATION
✓ INDEMNIFICATION AGREEMENT

AND, IF ✓‘D, ALSO CONTAINS

☐ AGREEMENT FOR PAYMENT OF PROCESSING FEES
  Click to download Agreement to Pay form
☐ PLAN AND MAP REQUIREMENTS
  Click to download Site Plan and Topographical Map Requirements

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030
Website: www.countyofsb.org/plndev

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258
SUBMITTAL REQUIREMENTS FOR MODIFICATIONS OF CONDITIONS

Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues?  ☐ Yes  ☐ No
Please review the website to determine applicability. http://cmluca.gis.ca.gov/. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

1) Is located within 1,000 feet of a military installation,
2) Is located within special use airspace, or
3) Is located beneath a low-level flight path

Copy of report attached?  ☐ Yes  ☐ No

Cities Sphere of Influence

Is the site within a city sphere of influence? 1  ☐ Yes  ☐ No
If yes, which city? __________________________________________

____ 1 Copy of Application
____ 1 Copy of approved site plan/map
  Click to download Site Plan and Topographical Map Requirements
____ 1 Copy of approved site plan reduced to 8½" x 11" (MOD, TEX)
____ 1 Copy of any plans to which the request specifically applies (e.g., if requesting a modification to landscape condition, include approved landscape plan).
____ 1 Copy of the final action letter including conditions of approval for the original discretionary project (TEX, MOD, MPC, SCD)
____ 1 Copy of any approved Land Use or Coastal Development Permits
____ 1 Agreement to Pay Form
  Click to download Agreement to Pay form
____ 1 Indemnification Agreement
____ 1 Check payable to PLANNING & DEVELOPMENT

Planning and Development does not keep extra copies of plans and maps after project approval. Files are microfiched. You are responsible for submitting copies of your approved plans/maps.

NOTE:  Additional copies of submittals may be required. Requests of this type vary in complexity. Most will require only one planner’s review, but others must be looked at by other departments. If your application falls into the latter category, the application coordinator or your planner will let you know so your request may be expedited.

1 If additional information is needed regarding location of a City’s Sphere of Influence, please contact our zoning information counter.
### PLANNING & DEVELOPMENT
#### PERMIT APPLICATION

### PROJECT DATA

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>SITE ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>ASSESSOR PARCEL NUMBER:</td>
<td></td>
</tr>
<tr>
<td>PARCEL SIZE (acres/sq.ft.):</td>
<td>Gross ___________________ Net ___________________</td>
</tr>
<tr>
<td>PROJECT NAME:</td>
<td></td>
</tr>
<tr>
<td>TRACT NUMBER:</td>
<td></td>
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</tbody>
</table>

**DID YOU HAVE A PRE-APPLICATION?**  
- [ ] No  
- [ ] Yes  
  If yes, who was the planner? __________________________

**IS THIS APPLICATION (POTENTIALLY) RELATED TO CANNABIS ACTIVITIES?**  
- [ ] No  
- [ ] Yes

**PROJECT DESCRIPTION SUMMARY:**

---

#### 1. Financially Responsible Person:

- **(for this project)**  
- **Name:** ___________________  
- **Phone:** ___________________

**Mailing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

#### 2. Owner:

- **Name:** ___________________  
- **Phone:** ___________________  
- **FAX:** ________________  
- **E-mail:** __________________

**Mailing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

#### 3. Agent:

- **Name:** ___________________  
- **Phone:** ___________________  
- **FAX:** ________________  
- **E-mail:** __________________

**Mailing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

#### 4. Arch./Designer:

- **Name:** ___________________  
- **Phone:** ___________________  
- **FAX:** ________________  
- **State/Reg Lic#:** ________________

**Mailing Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

#### 5. Engineer/Surveyor:

- **Name:** ___________________  
- **Phone:** ___________________  
- **FAX:** ________________  
- **State/Reg Lic#:** ________________

**Mailing Address:**

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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#### 6. Contractor:

- **Name:** ___________________  
- **Phone:** ___________________  
- **FAX:** ________________  
- **State/Reg Lic#:** ________________

**Mailing Address:**

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<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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#### 7. Soils Lab:

- **Name:** ___________________  
- **Phone:** ___________________  
- **Reg.:** ________________

**Mailing Address:**

<table>
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<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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### COUNTY USE ONLY

<table>
<thead>
<tr>
<th>Case No.:</th>
<th>Submittal Date:</th>
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</table>

**Supervisorial District:** ________________  
**Applicable Zoning Ord.:** ________________  
**Project Planner:** ________________  
**Project Name:** ________________

**Date Accepted for Processing:** ________________  
**Companion Case No(s.):** ________________  
**Subdivision Committee Hearing Date:** ________________  
**Project Description:** ________________
II. PROJECT DESCRIPTION: Please use the space below or type on a separate sheet and attach to the front of your application a complete description of your request including the permit/decision requested, location, setting, and purpose of the project, reason for time extension, modification, change in plans, etc.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

III. FORMER PROJECT INFORMATION

B. List all previous project numbers, the dates of approval and the decision maker.

<table>
<thead>
<tr>
<th>Project #</th>
<th>Date of Final Approval</th>
<th>Decision Maker</th>
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<tbody>
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C. If this is a Final Map Clearance Request:

Is a Development Plan (DP/DVP) associated with the map? Y N If so,

List DP/DVP # and date of final approval above. Clearance cannot be issued if DP/DVP is only preliminary.

IV. FOR SUBSTANTIAL CONFORMITY DETERMINATIONS

A. List total coverage for all structures currently approved: _________ sq. ft.

B. List proposed coverage for all structures ___________ sq. ft. _________ % increase.

C. List total coverage for all development currently approved (includes paved areas. ____ sq. ft.

D. List coverage for all development ________ sq. ft. _______ % increase.
V. CERTIFICATION OF ACCURACY AND COMPLETENESS

Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

<table>
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<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Firm</th>
<th>Date</th>
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<tbody>
<tr>
<td>Print name and sign - Preparer of this form</td>
<td>Date</td>
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<td></td>
</tr>
<tr>
<td>Print name and sign - Applicant</td>
<td>Date</td>
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<tr>
<td>Print name and sign - Agent</td>
<td>Date</td>
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<tr>
<td>Print name and sign - Landowner</td>
<td>Date</td>
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